has allowed the implementation of measures to ensure authenticity and a high level of traceability, providing greater patient safety.

Aim and objectives To assess the impact of the implementation of the falsified medicines directive 6 months after introducing the new legislation.

Material and methods Elaboration of a form (MS-Excel) with the purpose of systematising the data was performed. Of all products prescribed between 18 and 27 September 2019, products not covered by the requirement of a unique identifier code were excluded. The following parameters were analysed: presence of the unique identifier code, start time and end of code scan, and appearance of problems with the scanning procedure.

Results A total of 201 products were analysed. About 69% of the products had a unique identifier code. Of the products intended to be dispensed for outpatients, only 70% had a unique identifier. After reading 10 935 packages, it was found that, on average, reading of 12.9% of the products with a unique identifier code had at least one scanning issue. The average time for reading a unique identifier code was 9.5 s (includes connecting the software, verifying the safety device, positioning the packaging for the scan read and waiting for scan read confirmation).

Conclusion and relevance Six months after introducing the counterfeit medicines directive, about 31% of the products received in the hospital pharmacy did not have a unique identifier code. This includes products for outpatients where scanning at dispensing could be a relevant added value. Reading time of the unique identifier code represents around 29 working hours in 8 working days, or 0.5 ETC (7 hour working day). Implementation of this directive required investments in software, material and human resources, and the internal work procedures were also reorganised. Direct advantages for patient care are not yet evident as the unique identifier is still not fully implemented.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Directive 2011/61/EU of the European Parliament and of the Council from June 8, 2011, Official Journal of The EU.

No conflict of interest.

2SPD-018 FOUR YEAR STUDY OF DRUGS SHORTAGES IN TWO PUBLIC HOSPITALS

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Background and importance Drugs shortages are becoming a public health issue. Public hospitals are meant to buy drugs through purchasing groups which give relevant data on shortages.

Aim and objectives Data from two hospitals of different sizes and from different purchasing groups were compared to build a regional view of shortages.

Material and methods A 4 years retrospective study was carried out using data from a university hospital (3000 beds), from its purchasing group and from a public neighbouring hospital (1800 beds) of another purchasing group. Different indicators were calculated: unavailability profile (shortage; quota—quantitative or qualitative— limitation of delivery and

Abstract 2SPD-018 Table 1

	Purchasing group	University hospital	Neighbouring hospital
No of unavailable drugs (rate of shortages; quotas; issues)	1016 (80.71%; 12.89%; 6.40%)	678 (80.38%; 18.88%; 0.74%)	620 (79.68%; 15.81%; 4.52%)
Median duration in weeks (shortages; quotas; issues)	4.71 (4.57; 8.28; 4.42)	8 (6.29; 19.21; 5.57)	7.64 (6.54; 11.57; 20.14)
Presence of an alternative drug (rate)	67.39%	33.19%	33.44%

issues), median duration and availability rate of an alternative drug. Data were then compared between the purchasing group and the university hospital, and between the hospitals, using the Student's t test.

Results Between the purchasing group and the university hospital, there were significant differences for each indicator ($p < 0.0001$). Regarding the hospitals, there were only significant differences for the unavailability profile ($p < 0.0001$) and median duration ($p = 0.0405$).

Conclusion and relevance The significant differences regarding the unavailability profile may be due to the lack of common definitions on shortages. The behaviour of the manufacturers regarding the size of the hospital might be another reason as the median duration was different between the hospitals. Quotas were two times longer than regular shortages, but they put more strain on teams and led to the consideration of the ethical aspects of the dispensation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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2SPD-019 FOUR YEARS OF SHORTAGES REGARDING THE ANATOMIC, THERAPEUTIC AND CHEMICAL CLASSIFICATION

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Background and importance Drugs shortages are becoming more important. It is necessary to gather specific data in order to mitigate the effects.

Aim and objectives Data from a national purchasing group were analysed to build a national view of shortages and their evolution regarding therapeutic area.

Material and methods A 4 year retrospective study (1 June 2014 to 31 May 2018) was undertaken using data from a national purchasing group and consolidated with data from an adherent hospital. Different indicators were calculated using the anatomic, therapeutic and chemical (ATC) classification: unavailability profiles (shortage; quota—quantitative or qualitative—limitation of delivery; and issues), number of recurrences, median durations and unavailability rates (number of shortages divided by number of drugs available in an ATC class).

Results Each ATC class was studied (1305 drugs); 5 had the most impact (table 1).

A peak occurred in 2017 for all classes, except V class. In J class, there was a lack of penicillin combinations (seven drugs) in the first quarter of 2017, and at the end of the